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| PLAINTIFF<br><b>Michael A. Williams SR</b>   |  | 1:25 CV 00642<br><small>EQUIV CASE NUMBER</small>   |
| DEFENDANT<br><b>City of LORAIN, OH</b>   |  |   |
|  |  | TYPE OF PROCESS<br>Summons and Complaint  |
| SERVE<br>AT  | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br><b>Jesse Perkins / SGT LORAIN POLICE</b> |   |
|  | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)<br><b>200 W. ERIE AVE #714 LORAIN OH 44052</b>                                    |   |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW<br><b>Michael A. Williams SR<br/>2913 DEVORE CT<br/>LORAIN OH 44052</b>   |  | Number of process to be served with this Form 285<br>Number of parties to be served in this case<br>Check for service on U.S.A. |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): |  |   |

|  |               |                                 |                                |  |  |
|--|---------------|---------------------------------|--------------------------------|--|--|
| Signature of Attorney other Originator requesting service on behalf of:<br><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> PLAINTIFF<br/><input type="checkbox"/> DEFENDANT</div><div>TELEPHONE NUMBER</div><div>DATE</div></div>  |               |                                 |                                |  |  |
| <b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE</b>   |               |                                 |                                |  |  |
| I acknowledge receipt for the total number of process indicated.<br><i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>   | Total Process | District of Origin<br>No. _____ | District to Serve<br>No. _____ | Signature of Authorized USMS Deputy or Clerk | Date   |
| I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. |               |                                 |                                |  |  |
| <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)   |               |                                 |                                |  |  |
| Name and title of individual served (if not shown above)   |               |                                 |                                | Date   | Time<br><input type="checkbox"/> am<br><input type="checkbox"/> pm |
| Address (complete only different than shown above)   |               |                                 |                                | Signature of U.S. Marshal or Deputy          |  |

Costs shown on attached USMS Cost Sheet >>

REMARKS

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| PLAINTIFF<br><b>Michael A Williams Sr.</b>   |  | COURT CASE NUMBER<br><b>1:25 CV 00642</b>   |
| DEFENDANT<br><b>City of LORAIN, OHIO</b>   |  | TYPE OF PROCESS<br>Summons and Complaint  |
| NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br><b>SERVE AT c/o Jack W. Bradley, Mayor</b>   |  |   |
| ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)<br><b>200 W. ERIE AVE #714 LORAIN OH 44052</b>  |  |   |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW<br><b>2913 DEVORE CT, LORAIN OH 44052</b><br><b>Michael A Williams Sr.</b>  |  | Number of process to be served with this Form 285<br>Number of parties to be served in this case<br>Check for service on U.S.A. |
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| Signature of Attorney other Originator requesting service on behalf of:<br><input type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER | DATE |
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| Address (complete only different than shown above)   |               |                                 |                                | Signature of U.S. Marshal or Deputy          |  |

Costs shown on attached USMS Cost Sheet >>>

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| PLAINTIFF<br><b>Michael A. Williams SR.</b>  |  | COURT CASE NUMBER<br><b>1:25 CV 00642</b>   |
| DEFENDANT<br><b>City of LORAIN, OHIO</b>   |  | TYPE OF PROCESS<br>Summons and Complaint  |
| SERVE<br>AT  | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br><b>James P. MCCANN / Chief of Police</b> |   |
|  | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)<br><b>200 W. ERIE AVE #714 LORAIN OH 44052</b>                                    |   |
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Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

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| Address <i>(complete only different than shown above)</i>  |               |                    |                   | Signature of U.S. Marshal or Deputy          |   |

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